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CONFIRMATION NO. 7627

<b>SERIAL NUMBER</b> 10/783,895	<b>FILING OR 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 10,187
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***This application is a CIP of 10/236,123 09/06/2002 PAT 6,726,689 *de* *ae***\*\* FOREIGN APPLICATIONS \*\*\*\*\****none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/13/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**

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**TITLE**

Anti-splay medical implant closure with multi-stepped removal counterbore

<b>FILING FEE RECEIVED</b> 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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